

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of: Grimbergen et al.

Application No: 09/595,778

Confirmation No: 6490

Filed: June 16, 2000

Title: APPARATUS AND METHOD FOR MONITORING
PROCESSING OF A SUBSTRATE

Group No: 1793

Examiner: Olsen, Allan W

Attorney Docket No: 002077 USA DO1/ETCH/SILICON/MDD

April 21, 2009

San Francisco, California 94107

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Via US Mail

- Response to Non-Final Office Action
 Associate Power of Attorney Statement
 Notice of Appeal (form PTO/SB31)
 Drawings (Formal)
 Supplemental Information Disclosure Statement
 PTO-SB08 Form
 Citations
 Terminal Disclaimer
 Postcard for Return (1)

Extension of Time

 Applicant petitions for an extension of time under 37 C.F.R. 1.136

Extension (Months)	Extension Fee	
	Large Entity	Small Entity
<input type="checkbox"/> One Month	\$130.00	\$65.00
<input type="checkbox"/> Two Months	\$490.00	\$245.00
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
Total \$ 0.00		

Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.

Fees for Extra Claims

	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee	
				Large Entity	Small Entity		
Total Claims	25	89	0	\$52.00	\$26.00	\$0.00	
Independent Claims	2	12	0	\$220.00	\$110.00	\$0.00	
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00	
Supplemental Information Disclosure Statement							
				Total		\$0.00	

Fee Payment

Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Fees for Extra Claims	\$0.00	
Total	\$0.00	

- Attached is check no. _____ in the sum of \$ 0.00.
 Please charge Deposit Account No. 10-0258 in the sum of \$ 0.00.

CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a):

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or transmitted via electronic submission on the date shown below:

By: Amy M. Wells Date: April 21, 2009
Amy Wells

Fee Deficiency

- If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258.
and/or
 If any additional fee for claims is required, please charge Deposit Account No. 10-0258.

Please direct telephone calls to: Ashok K. Janah at (415) 538-1555
Please continue to send correspondence to:

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Respectfully Submitted,

By: Ashok K. Janah
Ashok K. Janah
Registration No. 37,487

Date: April 21, 2009